

INDIVIDUAL ENTRY FORM



Enter online at www.sunflowergames.com. Mail completed form and waiver to:
Sunflower State Games, 820 S. Kansas Ave., Topeka, KS 66612.

Fax credit card entries and waivers to: 785-235-1308

NOTE: Entries must be postmarked by sport deadline. Entries received after deadline will not be accepted or charged \$5 late fee. Consult the sport information pages for registration instructions and deadlines in the Entry Book or online.

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Name: _____
LAST FIRST

Mailing Address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____ Sex _____ Age _____

Email Address _____ Birthday _____
MONTH DAY YEAR

T-Shirt size (circle one)
 Youth: Large Adult: Small Medium Large X-Large XX-Large(\$2 extra) XXX-Large(\$2 extra)

SPORT INFORMATION

SPORT: _____ SPORT: _____

| EVENT CODE | DIVISION CODE IF APPLICABLE | EVENT CODE | DIVISION CODE IF APPLICABLE |
|------------|--------------------------------|------------|--------------------------------|
| — — — | — — — | — — — | — — — |
| — — — | — — — | — — — | — — — |
| — — — | — — — | — — — | — — — |
| — — — | — — — | — — — | — — — |
| — — — | — — — | — — — | — — — |

Please list double partner(s) for Badminton, Bowling, Disc Golf, Handball, Pickleball, Racquetball, Table Tennis & Tennis
 Track & Field Relay Teams: Please list the three other members of your team

NOTE: Each partner must complete an entry form and pay separately.

SPORT SPECIFIC INFORMATION

Archery: Day - July _____

BMX: Bike type _____

Bowling: Average _____
 Time _____

Horseshoes: Ringer % _____

Judo: Weight _____ lbs.

Powerlifting: Weight class _____

Sailing: Boat class _____

Wrestling: Weight _____ lbs.

PAYMENT INFORMATION

ENTRY FEE \$ _____

LATE FEE _____

SURCHARGE FOR
 XXL OR XXXL
 SHIRTS (\$2) _____

Voluntary tax
 deductible contribution _____

TOTAL \$ _____

Make check or money order payable to
 Sunflower State Games or enter credit
 card information below.

Check

Cash

Credit Card

Master Card Visa

Credit Card Number | | | | | | | | | | | | | | | | | | | | | |

Expiration Date | | | | | |

Name as it appears on card _____

Office use only

PD _____ PM _____

Amount received \$ _____

Check # _____ ID # _____

Absolutely NO refunds given